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3433-483

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number Complete if Known Substitute for form 1449/PTO **Application Number** 10/718,155 INFORMATION DISCLOSURE Filing Date 11/20/2003 STATEMENT BY APPLICANT First Named Inventor Christopher J. Moran Art Unit 3734 (Use as many sheets as necessary) **Examiner Name** Vy Q. Bui

Attorney Docket No.

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Sub	stitute for form 144	19/PTO		Application Number	10/718,155
INF	ORMATION	I DIS	CLOSURE	Filing Date	11/20/2003
ST	ATEMENT E	BY A	PPLICANT	First Named Inventor	Christopher J. Moran
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Examiner Initials*	Cite No.1	Document Number Number-Kind Code ² (If known)		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines Where Relevant Passages or Relevant Figures Appear			
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NB/		US-	11/766,606	Filed 6/21/2007	Fistula Grafts and Related Methods and System Useful For Treating Gastrointestinal Fistulae				

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Sub	stitute for form 144	19/PTO		Application Number	10/718,155	
INI	FORMATION	V DIS	CLOSURE	Filing Date	11/20/2003	
ST	ATEMENT I	BY A	PPLICANT	First Named Inventor	Christopher J. Moran	
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	(,,		,,	Examiner Name	Vy Q. Bui	
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Sub	stitute for form 144	19A/PTC)	Application Number	10/718,155	
INF	ORMATION	N DIS	CLOSURE	Filing Date	11/20/2003	
ST	ATEMENT I	BY A	PPLICANT	First Named Inventor	Christopher J. Moran	
	(Use as many sh	eets as	necessary)	Art Unit	3734	
	(Examiner Name	Vy Q. Bui	
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Examiner Cite Initials* No.		Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s) publisher, city and/or country where published					
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ST	ATEMENT I	BY A	PPLICANT	First Named Inventor	Christopher J. Moran	
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